Petition Inpatient Hospice – 2
Received Regarding Proposed 2008 State Medical Facilities Plan

Attached are:

1. Petition from Hospice and Palliative Care (Forsyth County)

2. Comments received at various Public Hearings. (Note: the comment submitted at the Greensboro hearing is not included as it appears to be a duplicate of the comment received at the Asheville hearing.

3. Additional material received including letters from the petitioner, support letters provided by the petitioner and a letter opposing the petition.

Hospice & Palliative
CARECENTER

DFS Health Planning
RECEIVED

MEDICAL FACILITIES
PLANNING SECTION

August 3, 2007

Mr. Floyd Cogley, Planner
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Re: Hospice & Palliative Care Center Petition to adjust the 2008 State Medical Facilities Plan Need Determination for Hospice Beds in Forsyth County

Dear Mr. Cogley:

Hospice & Palliative Care Center (HPCC) respectfully submits the attached petition for a need adjustment for ten (10) additional hospice inpatient beds and ten (10) additional hospice residential beds in Forsyth County.

As the attached petition will discuss in detail, HPCC supports the existing methodology for hospice beds. However, HPCC serves patients from a metropolitan service area that includes patients from many counties and the existing methodology's county based service area does not address the need for hospice services at our facility. The proposed beds in the petition can be added without capital cost to the health care system and will assist us in meeting the unmet demand that we are already experiencing.

This petition is the result of years of thoughtful planning involving leaders in our area and comes with the full support of area health care leaders.

Please do not hesitate to contact me for additional information. I look forward to the opportunity to support this petition further during the review process.

Sincerely,

JoAnn Davis
President and CEO

Hospice & Palliative Care Center Petition to the State Health Coordinating Council to adjust the 2008 State Medical Facilities Plan Need Determination for Hospice Beds for Forsyth County

Executive Summary

Petition: Adjustment for ten (10) additional hospice inpatient beds and ten (10) additional hospice residential beds in Forsyth County

Current bed complement:	**Needed bed complement:**
20 Hospice IP Beds	30 Hospice IP Beds
10 Hospice Residential Beds	20 Hospice Residential Beds

Need Methodology:

Scenario 1: Patient Origin*SMFP need by county 25 Hospice IP Beds
Scenario 2: Number Patients Denied Access*ALOS 31 Hospice IP Beds
Residential: 1.5:1 ratio of Hospice IP:Residential 20 Hospice Residential Beds

Rationale:

Access
- In 2006, at least 269 patients who were candidates for the Kate B. Reynolds Hospice Home died while waiting for a bed
- In 2006, on 367 days, more than one person occupied a Hospice IP room
- Hospice IP occupancy rate is currently 104-110% and residential is 93%
- Both hospitals in Forsyth County are operating near capacity and there is a 198 bed deficit of nursing home beds in Forsyth County

Cost
- The proposed beds will save $14 million annually in medical costs
- No cost to the health care system:
  - The ten inpatient beds can be added at zero cost
  - The residential beds will be funded by a capital campaign

Quality
- HPCC is staffed with a multidisciplinary team of full-time medical directors, residents, nursing and paramedical professionals
- HPCC offers a full continuum of end-of-life services to patients and their families that is greatly valued by the specialists in Winston-Salem that continue to refer patients to HPCC
- Hospice patients can have a longer lifespan than patients treated in a hospital setting

Adverse effects to service area if not approved:

- At least $14 million in medical costs will be incurred annually as patients are admitted to hospitals rather than hospice inpatient beds
- 268 Medicare, 21 Medicaid, 14 Indigent/Self-Pay and 41 Commercial (344 total) patients annually will not have access to hospice services each year

Not Duplicative:

- HPCC asks for these beds in order to maintain the level of service *presently demanded* by residents and physicians of Forsyth and contiguous counties.
- HPCC will continue to complement rather than compete with the services available in the counties contiguous to Forsyth

Petition and Rationale

Petition

Hospice & Palliative Care Center (HPCC) hereby petitions the State Health Coordinating Council (SHCC) to adjust the 2008 State Medical Facilities Plan to allow for a regional adjustment for ten (10) additional hospice inpatient beds and ten (10) additional hospice residential beds in Forsyth County.

Identification of Petitioner

HPCC is a comprehensive center that provides support, guidance, palliative and hospice care to patients and their loved ones on every step of the path from serious illness to end-of-life care. HPCC, founded in 1979, was the first hospice in North Carolina. Since our beginning, our philosophy has been that when Hospice care is appropriate and desired by the patient and family, it is the most cost-efficient setting for end-of-life care. HPCC has grown to four offices located in Winston-Salem, Mocksville, Walnut Cove, and Salisbury to serve patients and their families from 13 counties. The hospice inpatient and hospice residential beds at the Kate B. Reynolds (KBR) Hospice Home in Forsyth County will be the focus of this petition.

One of the most unique aspects of HPCC in Forsyth County is that it operates as a freestanding entity with the full support of the hospitals and nursing homes in Forsyth County. Both of the hospitals in Forsyth County are major regional referral centers offering tertiary and quaternary services. HPCC acts in a similar manner, offering a full spectrum of end-of-life services and providing advanced levels of clinical staffing. The patients that are referred to HPCC are referred by their physicians because HPCC offers the full spectrum of services and the level of service makes HPCC the most suitable provider for the patients. Further, we have long established referral relationships with both the Baptist and Novant systems and both recognize that HPCC is the most appropriate provider for patients who have been treated in either system.

The senior management leaders from both general acute care hospitals sit on the board and both hospitals provide support for the HPCC and have been long time advocates for our services. Please reference Exhibit 1 for evidence of that support in the form of letters of support from leaders of each hospital in Forsyth County.

HPCC is currently licensed for twenty (20) hospice inpatient beds at its Kate B. Reynolds Hospice Home and ten (10) hospice residential beds. All thirty (30) beds are built to the hospice inpatient standards and are located in facilities that are physically connected. In addition to onsite hospice care, hospice home care and palliative home health services are provided. HPCC also staffs specialized teams dedicated to serving the unique needs of pediatric and long-term care populations. The community is offered education and counseling in the grief center and through a lending library. Palliative care consults are also provided. HPCC considers the needs of the entire family in addition to the patient needs. All services are available to the whole family.

HPCC has four full-time medical directors, one fellow and two nurse practitioners. In addition, there are 64 registered nurses, 23 licensed practical nurses and 53 nurse assistants on staff. It is important to note, HPCC has a depth of clinical resources skilled in end-of-life clinical care. In most cases, the only element that prevents us from providing hospice care to more than twenty

inpatients and ten residential hospice patients at our facility at any given time is the actual license for beds.

HPCC is dedicated to the education of clinicians. All 3rd year medical residents at Wake Forest University School of Medicine spend 68 hours rotating through HPCC. Medical fellows also spend time in Hospice. Nursing, social work and other clinical staff are also trained at HPCC.

HPCC is proud of the trust the community places in its ability to provide services at the end-of-life. The community support is evident by the fact that so many patients and their families work with their physician to seek hospice at HPCC. In addition, the community's financial support is an example of how much the community values the HPCC. In 2006, the community provided $1.8 million in support. During the 2006 United Way campaign, 1,750 individuals in Forsyth County alone designated HPCC as their agency of choice.

It is the physicians who ultimately ensure the success of the HPCC as all hospice requires a physician referral. In 2006, the Kate B. Reynolds Hospice Home in Forsyth County received 722 referrals (including 316 that could not be accepted due to capacity constraints).

Reasons for the Proposed Adjustment

The state has developed methodology to project the need for hospice inpatient beds across the state, and we support this methodology. However, the situation in Forsyth County poses a unique challenge because the demand for hospice has pushed the existing facility beyond capacity. The central reason that the state methodology does not recognize the need soon enough for Forsyth County is the fact that HPCC in Forsyth County serves patients from a metropolitan service area that includes patients from many of the outlying counties. The SHCC methodology recognizes each of the 100 counties as a separate service area. In practice, HPCC in Forsyth County serves a 13 county service area and 29% of our hospice inpatient and 22% of our hospice residential patients' homes are outside of Forsyth County. (2007 License Renewal Application)

As the volume of demand for hospice at HPCC continues to grow, we find ourselves increasingly operating above capacity. When all of the current hospice inpatient and hospice residential beds are full, HPCC finds itself in the unpleasant position of reducing or restricting access. As a result, we are concerned that without the additional requested beds, we will not be able to continue to offer potential patients the most cost-efficient setting for end-of-life care.

The HPCC in Forsyth County has developed two alternative scenarios to support the additional need for hospice inpatient beds. They are provided in Exhibit 2 and are summarized as follows:

- Scenario 1: Adjusts the 2012 SMFP need for each of the counties where HPCC has historically drawn patients by applying the percentage of patient origin for those counties to the SMFP need determination. It is important to note that HPCC does not suggest that those counties should have their need determinations reduced; rather we ask that in this special need determination, the reality that we draw patients from more than Forsyth County be acknowledged to allow us to develop additional beds. This adjustment results in the need for 25 hospice inpatient beds.

- Scenario 2: Converts the historical number of patients on the waiting list that were never admitted to HPCC in Forsyth County to days of care using the historical average length of stay. This demand can then be added to the projected patient days of 5,433 for 2012 in the SMFP and then divided by the 85% occupancy rate. When this methodology was averaged over the past two years, the adjustment results in the need for 31 hospice inpatient beds

Based on the results of both of these scenarios, HPCC is requesting 10 more inpatient hospice beds for a total of 30 hospice inpatient beds.

While Hospice residential does not have an official SMFP need methodology, we have historically offered a 2:1 ratio of hospice inpatient:hospice residential beds. With our planning for the proposed petition, we project that a ratio of 1.5:1 hospice inpatient:hospice residential beds will allow us to serve our future patients in a cost effective manner. The 1.5:1 ratio is consistent with the statewide ratio of hospice inpatient beds:hospice residential beds of 1.54 (273 approved and pending hospice inpatient:177 approved and pending hospice residential on pages 286 and 287 respectively of the 2008 Draft SMFP). Following the 1.5:1 ratio results in the need for 20 hospice residential beds.

It is important to note that Medicare's respite benefit requires that care be provided in a licensed bed. The hospice residential beds are the most cost-effective location for respite patients, however when we run at near 100% capacity, respite patient opportunities are often limited. The proposed additional residential beds will assist HPCC to continue to offer residential as well as respite services to the community.

Access to Hospice Services for New Patients is Impaired when Operating at 100% Occupancy

In addition to the information provided in Exhibit 2 and described above, the following data provides evidence of the need for additional hospice inpatient and hospice residential beds:

- In 2006, at least 269 patients died while waiting for a bed at the Kate B. Reynolds Hospice Home.
- The occupancy rate of hospice inpatient beds was 106% in the first four months of 2007 and 104% in 2006. In two of the last five months, the occupancy rate has been 110%. Reference Exhibit 3 for occupancy by month.
- The occupancy rate of hospice residential beds was 93% in the first four months of 2007 and 78% in 2006. In one of the past five months, the occupancy rate was 100%. Reference Exhibit 3 for occupancy by month
- The occupancy rates greater than 100% underscore a critical strain on the capacity of hospice beds. The days in excess of 100% are only possible because multiple patients were in the same room on the same day. This is a quality indicator of a missed opportunity to offer a patient and their family more time in hospice. There were 367 days in 2006 and 156 days year to date in 2007 (through May) when more than one patient used the same bed on the same day.
- The average length of stay for hospice inpatients has been 12 in the past two years. The same figures for hospice residential were 53.43 days in 2006 and 38.9 days from Jan-May 2007. In Hospice, a declining length of stay may not be a positive result, but rather may indicate constraints on access. Some studies of physicians beliefs about hospice have shown

that physicians believe patients should ideally receive hospice care for 3 months before death.(1)

- The vast majority of HPCC patients are from medically underserved populations. Medicare patients make up 78% and Medicaid 6% of the payer mix. Indigent and self-pay consists of an additional 4% of patients. The Medicaid and indigent percentages are understated as Medicare does not allow HPCC to bill for secondary payers such as Medicaid. The 78% Medicare therefore includes dual eligibles (patients with both Medicare and Medicaid) and some financially indigent patients. It is important to note that no patient is ever denied service based on their prognosis, diagnosis or ability to pay for HPCC services.
- The State methodology does not consider the growing undocumented immigrant population. Forsyth County has one of the fastest growing populations of undocumented immigrant residents in the State of North Carolina. As these residents remain as long-term residents, they may need Hospice services. In 2006, HPCC in Forsyth County had 49 patients that were undocumented immigrant residents, mostly young children.
- The pediatric daily census has been climbing significantly since September of 2006 and has nearly doubled year to date 2007. When the hospice inpatient and hospice residential beds are full, we are concerned that we may not be able to continue to serve this important population and their families.
- As other providers in Forsyth County face capacity constraints, the demand for hospice is directly impacted. According to the 2007 State Medical Facilities Plan, North Carolina Baptist Hospital is operating at 73% capacity and Forsyth Medical Center is operating at 87% capacity.[1] Both of these rates are based on historical information and do not consider additional capacity limiting factors such as specialty units, infectious control and gender. Further, there is a 198 bed deficit of nursing home beds in Forsyth County.
- The population over 65 in Forsyth County is expected to grow 12% in the next five years.[2]
- HPCC recognizes that other hospice beds have recently been approved in Surry (13) and Davidson (9) that will partially address the future demand for hospice services in those counties. However, HPCC does not expect these additional beds to impact its historical service share of 12.4% Surry and 17.4% Davidson in those counties. As discussed above, HPCC is unique with its full spectrum of services and will continue to experience demand from these counties for patients as they transfer from the two referral medical centers.

When the hospice inpatient beds operate in excess of 100%, the HPCC is faced with a number of simultaneous challenges that impair its ability to grant access to all of the patients that seek hospice services. First, when the hospice inpatient beds are full, new referrals cannot be accepted from area hospitals. Second, existing patients in hospice residential beds whose condition worsens cannot be converted to hospice inpatient care due to the licensing requirement. This is true even though the hospice residential patient may be in a bed that is built to a hospice inpatient standard. HPCC typically offers the higher level of medical care to the patient but is not able to seek additional reimbursement because the bed is not licensed as a hospice inpatient.

The demand for end-of-life services is a natural process. At any given time, a proportion of the population is facing the need for end-of-life services. At the point at which a patient is a

[1] Table 5A from SMFP: NCBH 197,023 Days 365 Days 738 Beds 73.1%; FMC 202,374 Days 365 Days 637 Beds 87.0%

[2] Population Projection by Age Group Tables, North Carolina State Demographer, www.demog.state.nc.us, accessed June 19, 2007, 2012 estimate of 47,292, 2007 estimate of 42,244

candidate for end-of-life services, they are going to seek treatment wherever it is available. When Hospice is not available, patients will seek treatment in a hospital or nursing home. At HPCC, we operate under the premise that when Hospice care is appropriate for a patient, hospice is the most cost-efficient setting for that care

During periods where the hospice inpatient beds are full and hospice residential patients who require hospice inpatient care cannot be transferred, a subsequent access challenge is created for incoming hospice home care patients. Patients that are already in our hospice home care service who are in crisis (their condition reaches a point where they cannot safely be cared for in the home setting) can be denied admission to hospice inpatient when the beds are full.

Because of the high rate of hospice utilization, HPCC has been forced to contract with the palliative care units of area hospitals to house hospice patients that cannot be transferred to HPCC of Forsyth because of capacity challenges. In these cases, the patient is discharged from the hospital and admitted to HPCC but remains in the palliative care unit of the hospital. While these palliative care units are staffed with appropriate clinical resources, the patient and families are not afforded access to the positive physical environment and resources that are located on the HPCC campus. Further, as both hospitals continue to be challenged with inpatient bed capacity of their own, their ability to offer this arrangement is increasingly impaired.

Offering the Highest Quality of End-of-life Care to all the Potential Patients is Not Possible without additional Beds

There is growing emphasis for end-of-life care by the public health community as well as payers. The gap between the potential for hospice care among patients approaching end-of-life and actual referrals to hospice continues to be studied. One large study of Medicare beneficiaries found that of 260,000 Medicare beneficiaries with cancer as first diagnosis, only 21.1% of patients received hospice care before death.(2) According to 2005 data reported by the Carolinas Center for Hospice and End of Life Care, 36.97% of Forsyth deaths are served by hospice. We are proud of the fact that the rate in Forsyth is 10th highest in the state and highest by far among the other metropolitan counties such as, Mecklenburg (33rd), Wake (14th), Guilford (48th), Durham (31st) Buncombe (24th) and New Hanover (12th). The North Carolina average is 28.14%. However, we recognize that the opportunity to serve even more patients who are candidates for hospice continues. As more patients are served by Medicare Advantage plans, and Medicare continues its emphasis on hospice as an end-of-life treatment option, we anticipate increased demand for hospice services.

In addition to the improved atmosphere and quality of life for patients during the end-of-life phase, a recent retrospective analysis just published in the Journal of Pain and Symptom Management found that mean survival was 29 days longer for hospice patients than for nonhospice patients.(3) The study reviewed records from 4493 Medicare beneficiaries who had one of five types of cancer or congestive heart failure. The study authors hypothesize that the reasons for longer survival could be 1) patients are forgoing aggressive cure directed therapy and associated mortality, 2) Medicare's hospice benefit allows additional medications and 3) the psychosocial supports in the hospice setting may prolong life.

We believe quality health care is the direct result of staff competencies and training and are committed to the continuing education and certification of our employees. All of the physicians on the HPCC team are Board certified in Hospice & Palliative Medicine and many of our nurses and

nurse assistants are certified with national certification in hospice and palliative care. In addition, all of our grief counselors are Masters-level prepared and have national certifications. Five of our employees are accredited with community disaster response

The HPCC staffs both its hospice inpatient and hospice residential beds with a 24 hour multidisciplinary team. A physician is available on-call to respond to the needs of patients and engage in joint planning with the primary care physician. Since these staff are already in place, we can offer hospice inpatient services to all 30 beds if we were licensed for 30 hospice inpatient beds Only a moderate amount of incremental operational clinical staff would be required to increase from 10 to 20 hospice residential beds. Without the additional beds, our services are capped at 30 total beds and other potential patients will have to be denied access in the future, not because we don't have the clinical competency and staffing in place but solely because of a licensing restriction.

The HPCC is accredited by the Accreditation Commission of Health Care. The HPCC is the recipient of numerous national awards including the Circle of Life Award, presented by the American Hospital Association, the American Association of Homes and Services for the Aging, and the American Medical Association, the "End-of-life Care Leadership Award" presented by the Carolinas Center of Hospice and End-of-life Care, and the Joel A. Weston, Jr. Memorial Award recognizing excellence in nonprofit management.

The Cost Efficiency of End-of-life Care to the Community is Suboptimal in Absence of Additional Beds

Studies of hospice care in the clinical literature are increasingly recognizing hospice is a more cost-effective setting than an inpatient hospital for end-of-life care. In a recent retrospective review of patients who expired with ovarian cancer, the cost of care was much lower in the hospice group at $15,164 per patient as compared to $59,319 per patient in the non hospice group.(4) A study comparing deaths of Medicare beneficiaries in Massachusetts and California to determine how hospice affects the expenditures for the last year of life, found that among patients with cancer, expenditures were 13% to 20% lower for those in hospice. (5) Another study reviewing the opportunities for cost savings in an optimum model of coordinated, expert, high-volume care (including hospice, palliative care and early use of advance directives) end-of-life hospitalization can be prevented with cost savings as much as 70%.(6)

At HPCC the daily charges to Medicare and private payers is $600 per day for hospice inpatient and $140 for hospice residential patients. These costs can be several thousand dollars lower than the costs patients might incur if they remained in inpatient acute care or a nursing home. The last few days of care for patients that die in an inpatient hospital or a nursing home are widely acknowledged to be the most costly days of the patients' admission.

If all of the patients on our waiting list continue to seek care in the hospitals in Forsyth County, the potential cost to the health care system is $14 million. This estimation was calculated by converting the average of the last two year's waiting list, 344 patients, to potential patient days of 4,128. We then calculated the difference in cost of care $4,000 (average cost per patient day based on recent CON applications in Forsyth County) less the $600 hospice reimbursement $3,400. This amount was multiplied by the 4,128 patient days resulting in an annual excess cost of $14,035,200. See Exhibit 4 for the detailed calculation.

Though HPCC has been able to establish contracts with local hospitals to place patients in the palliative care units when all of the twenty (20) licensed beds are full, these relationships are not as cost-efficient as care on the main campus. Even with agreeable terms with the local hospitals, the contract requires that clinical staff travel between sites to manage the patient's care which unnecessarily increases staffing costs.

As previously discussed, all of the current ten (10) hospice residential beds are built to the hospice standards so they can be converted to hospice inpatient without any additional capital expenditure. If this petition is approved and HPCC submits a successful CON application, next year, a new twenty (20) bed hospice residential facility would be built on the current campus in Winston-Salem. The costs of the new center would be funded by a capital campaign.

Adverse Effects on the Population If the Adjustment is Not Made

Without the requested additional hospice inpatient and hospice residential beds, patients who are at the end-of-life who have made the hard choice of moving into hospice may continue to be placed on a waiting list, or worse, denied access to KBR.

Patients who are without any other support system to experience death with dignity in the home will not be afforded the opportunity at KBR. Patients who are economically disadvantaged that cannot afford alternative settings to KBR may be forced to seek care in a hospital or nursing home and incur costs that far outweigh the patient's resources. A projected 268 Medicare, 21 Medicaid, 14 Indigent/Self-Pay and 41 Commercial patients annually will not have access to hospice services each year.

KBR will be forced to continue to operate at levels over capacity, which will undermine our ability to provide the level of attention to each patient and family member deserves as we spend more of our time managing the patient turnover to free up additional beds.

The costs to the community for the patients that remain on the waiting list will continue to be $14 million or higher as patients will continue to be denied immediate access to the lower cost hospice setting. In addition, the operating costs will continue to escalate and cost inefficiencies will continue for HPCC as we attempt to manage patients in multiple settings (including the hospital based units) and we have to staff overtime to meet the demands of operating a unit at more than 100% capacity. Further, without the additional hospice residential beds, fewer patients will be offered the alternative of the lower cost hospice residential setting.

Finally, patients will not be afforded access to the recognized quality services of HPCC. HPCC staff will be increasingly challenged to perform the continuous quality improvement efforts when they are facing capacity overload in the patient care arena.

No Feasible Alternatives

HPCC considered several alternatives including: 1) status quo, 2) referring patients to hospice programs in the service area and 3) this petition.

The Status Quo is not acceptable to HPCC because access will continue to be denied to patients and their providers who are reaching out for our services at the time of greatest need for the

patient. The Status Quo means as many as 316 patients may be left on the waiting list again this year and perhaps more in the future. Even our temporary efforts to place patients on Palliative Care units at Forsyth Medical Center (FMC) or North Carolina Baptist Hospital (NCBH) are less than ideal for the patient, as those units while as pleasant as they can be are no match for our comfortable setting at KBR. Patients who are placed in the hospitals under a contract with HPCC are often too close to the opportunity for additional procedures that they would likely not consider if they had been placed directly in a hospice setting. Further, the status quo means staff and patients who do have access will continue to experience a center that is operating over capacity.

Referring patients to other hospice programs in the region may seem like a reasonable alternative when reviewing the SMFP. However, referring patients to counties other than Forsyth, even when the patient is not from Forsyth is not practical. Most of the patients that we receive from other counties have been referred to HPCC because they have already come to Winston-Salem for treatment at one of the referral medical centers. As noted earlier, once patients have received care in the Baptist or Forsyth/Novant networks, they are very inclined to continue their final care with HPCC as we have established referral relationships and a reputation for a full spectrum of end-of-life services with both health systems. When the patient makes the choice for Hospice, they often want to remain in care that is delivered in collaboration with their specialist who is usually based in Winston-Salem. Further, the hospice programs in neighboring counties are dedicated to serving the needs of their own local populations and referral sources.

This petition is the only alternative that will allow HPCC to meet the current and future demand for high quality Hospice & Palliative Care services in a cost-effective manner.

The Requested Adjustment Will Not Unnecessarily Duplicate Health Services

HPCC is the only regional hospice program in the area and the oldest hospice program in North Carolina. Other local hospice programs in our service area can continue to meet the needs of their populations and most will remain well utilized even if we are granted the opportunity for additional hospice inpatient and hospice residential beds.

The proportion of patients we expect to serve in 2011 by Hospice & Palliative Care Center in contiguous counties to Forsyth where there are other providers is fairly modest (see Exhibit 2 for calculation): Davidson (21.6% - 49 patients), Guilford (0.8% - 6 patients), Rockingham (1.6% - 2 patients), Stokes (35.5% - 38 patients), Surry (1.9% - 9 patients) and Yadkin (32.5% - 17 patients). Note that Davie (79.3% - 54) is higher but there are no other hospice providers serving a significant proportion of Davie County. These modest figures underscore the fact that HPCC is proposing to serve its existing referral base with the proposed beds.

HPCC is the only hospice program in the State and one of the few in the United States that enjoys the complete support of both area regional referral centers. We are also the only hospice program in Western North Carolina affiliated with a children's hospital.

We are confident that we can continue to work with other providers in the service area to complement rather than duplicate services. Our review of the SMFP and the demographic shifts that the area is facing, and the growing awareness by the provider, payer and patient communities and focus on hospice as a desired end-of-life option will continue to provide a growing patient population to serve in the future.

Conclusion

For all the foregoing reasons, we strongly encourage the SHCC to consider carefully the petition presented by HPCC and determine there is a need for ten (10) additional hospice inpatient beds and ten (10) additional hospice residential beds in Forsyth County.

Respectfully submitted this 3rd day of August 2007.

Hospice & Palliative Care Center

By: _____
JoAnn Davis
President

101 Hospice Lane
Winston-Salem, NC 27103
Telephone: (336) 768-3972

Exhibits:

1. Letters of Support
2. Adjusted Need Scenario Projections
3. Historical Occupancy Rate 2006 & Year to Date 2007
4. Adverse Impact Calculation

Reference List

(1) Lamont EB, Christakis NA. Physician factors in the timing of cancer patient referral to hospice palliative care. Cancer. 2002;94:2733-37.

(2) McCarthy EP, Burns RB, Ngo-Metzger Q, Davis RB, Phillips RS. Hospice use among Medicare managed care and fee-for-service patients dying with cancer. JAMA. 2003;289:2238-45.

(3) Connor SR, Pyenson B, Fitch K, Spence C, Iwasaki K. Comparing hospice and nonhospice patient survival among patients who die within a three-year window. J Pain Symptom Manage. 2007;33:238-46.

(4) Lewin SN, Buttin BM, Powell MA, Gibb RK, Rader JS, Mutch DG et al. Resource utilization for ovarian cancer patients at the end-of-life: how much is too much? Gynecol Oncol. 2005;99:261-66.

(5) Emanuel EJ, Ash A, Yu W, Gazelle G, Levinsky NG, Saynina O et al. Managed care, hospice use, site of death, and medical expenditures in the last year of life. Arch Intern Med. 2002;162:1722-28.

(6) Payne SK, Coyne P, Smith TJ. The health economics of palliative care. Oncology (Williston Park). 2002;16:801-8.

Forsyth MEDICAL CENTER

July 30, 2007

Mr. Floyd Cogley, Planner
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Center
Raleigh, NC 27699

Re: Hospice & Palliative CareCenter Petition to the 2008 State Medical Facilities Plan for an additional tem (10) hospice inpatient and ten (10) hospice residential beds.

Dear Mr. Cogley:

The purpose of this letter is to provide support for the proposed Hospice & Palliative CareCenter (HPCC) Petition to the 2008 State Medical Facilities Plan (SMFP) for an additional ten (10) hospice inpatient and ten (10) hospice residential beds. Forsyth Medical Center (FMC) works very closely with HPCC to place appropriate patients that are in need of hospice services. Our leaders provide advisory leadership and our staff work directly with the staff of HPCC to continuously improve the transition of care settings for patients and their families.

As you may be aware, HPCC is currently operating at 106% on its hospice inpatient beds and 93% on its residential beds so far this year. This is well above the SMFP occupancy assumption of 85%. When the occupancy rates are pushed this high on a consistent basis, the need for additional capacity is apparent. The current capacity challenges at Kate B. Reynolds (KBR) Hospice Home directly impact FMC and our efforts to ensure all appropriate patients have access to KBR. Patients at FMC that desire a transfer to the KBR setting are sometimes delayed or even denied admission because there are not enough licensed beds. This is especially frustrating to our clinical teams when they realize that the strong quality clinical resources are in place at KBR but they are not available simply because of a licensing issue.

FMC is a regional provider of comprehensive clinical services and we often see patients that are referred to this area due to the complexity of their condition. In the event that these patients are appropriate candidates for hospice, they often want to be referred to HPCC because of the services provided and the skill level of the staff. I am hopeful that you will provide a positive review of the HPCC petition and grant the requested adjusted need determination for the 2008 SMFP so that more patients who wish to seek HPCC services will be provided access.

Please accept this letter as an indication that FMC is in full support for the petition for HPCC for additional hospice inpatient and residential beds. Thank you in advance for your consideration. Please do not hesitate to contact me for further information or support of this important endeavor.

Sincerely,

Sallye Liner

Sallye Liner,
COO, Forsyth Medical Center

Wake Forest University Baptist
MEDICAL CENTER

July 30, 2007

Mr. Floyd Cogley, Planner
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Center
Raleigh, NC 27699

Re: Hospice & Palliative CareCenter Petition to the 2008 State Medical Facilities Plan for an additional ten (10) hospice inpatient and ten (10) hospice residential beds

Dear Mr. Cogley:

The purpose of this letter is to provide support for the proposed Hospice & Palliative CareCenter (HPCC) Petition to the 2008 State Medical Facilities Plan (SMFP) for an additional ten (10) hospice inpatient and ten (10) hospice residential beds. North Carolina Baptist Hospital (NCBH) works very closely with HPCC to place appropriate patients in need of hospice services. Our leaders provide advisory leadership and our staff work directly with the staff of HPCC to continuously improve the transition of care settings for patients and their families.

As you may be aware, HPCC is currently operating at 106% on its hospice inpatient beds and 93% on its residential beds. This is well above the SMFP occupancy assumption of 85%. When occupancy rates are pushed this high on a consistent basis, the need for additional capacity is apparent. At NCBH, we continue to face sustained demand for our own inpatient beds. When HPCC finds itself at or over capacity, the strain is felt in our area's entire health care system. Patients ready to leave NCBH for Kate B. Reynolds (KBR) Hospice Home must either remain in an acute care inpatient bed or be transferred elsewhere. In either case, the patients and families miss the opportunity to experience the KBR setting. This situation is very costly and not in the patient's best interest.

As a tertiary provider of services having a broad regional patient service area, I can appreciate the challenges that HPCC faces where the need determination does not fully recognize the demand for services in the Forsyth County location. I support and encourage you to review the HPCC petition and grant their request for 2008 SMFP.

Please accept this letter as an indication that NCBH is in full support of the petition by HPCC for additional hospice inpatient and residential beds. Thank you in advance for your consideration. Please do not hesitate to contact me for further information or support of this important endeavor.

Sincerely,

Donny C. Lambeth
Interim President
Chief Operating Officer

Exhibit 2

Hospice and Palliative Care Center of Forsyth
Projected Need for Hospice Beds Based on an Adjusted Approach to the SMFP Methodology

Scenario 1 Adjusted Need Based on SMFP Methodology adjusted for Historical HPCC Share

County	[illegible] Hospice [illegible] Per [illegible]	[illegible]	[illegible] Estimated Days of Care	Estimated Inpatient	[illegible] Inpatient Beds	[illegible] Share [illegible] SMFP	[illegible] Beds Share Adjusted	[illegible] HPCC	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	18	[illegible]	19	[illegible]	[illegible]
[illegible]	209.46	[illegible]	[illegible]	[illegible]	7	21.6%		[illegible]	[illegible]
Davie	[illegible]	[illegible]	[illegible]	[illegible]	3	[illegible]		[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	[illegible]	[illegible]
Rockingham	[illegible]	[illegible]	[illegible]	[illegible]	5	[illegible]	0	[illegible]	[illegible]
Rowan	213.34	[illegible]	[illegible]	[illegible]	5	[illegible]	1	[illegible]	[illegible]
Stokes	328.08	49,044	[illegible]	1,287	4	35.5%	1	[illegible]	[illegible]
Surry	970.11	77,059	[illegible]	[illegible]	19	[illegible]	0	[illegible]	[illegible]
Wilkes	130.19	69,017	8,996	719	2	4.2%	0	[illegible]	[illegible]
Yadkin	192.51	39,936	7,688	[illegible]	2	32.5%	1	[illegible]	[illegible]
Total								[illegible]	[illegible]
			Projected Adjusted Need Under Scenario 1:				25		

Scenario 2 Adjusted Need Based on Patients that Could be Served if Waiting List & Historical Need Served

		2005	2006	Average
A	Annual Number Patients on Waiting List	372	316	344
B	Average Length of Stay	12	12	12
C	Potential Day of Care for Waiting List (Row A*Row B)	4,464	3,792	4,128
D	Add Projected Days Care 2011 from Table 13C SMFP	5,433	5,433	5,433
E	Total Projected Days (Row C+Row D)	9,897	9,225	9,561
F	Divide by 85% SMFP Occupancy Rate to determine Projected Days Capacity Needed	11,644	10,853	11,248
G	Divide by 365 to Determine Average Days Needed on Each Day (Unit Size)	32	30	31
	Projected Adjusted Need Under Scenario 2:			31

Exhibit 3

Hospice and Palliative Care Center of Forsyth
Historical Utilization for 2006 and 2007 YTD

2006	J	F	M	A	M	J	J	A	S	O	N	D	Tota
Inpatient Census	21	21	21	21	20	20	20	21	21	21	21	22	250
Inpatient Beds	20	20	20	20	20	20	20	20	20	20	20	20	240
Percent Capacity	105%	105%	105%	105%	100%	100%	100%	105%	105%	105%	105%	110%	104%

Residential Beds	5	4	7	7	7	9	9	9	9	9	9	9	93
Inpatient Beds	10	10	10	10	10	10	10	10	10	10	10	10	120
Percent Capacity	50%	40%	70%	70%	70%	90%	90%	90%	90%	90%	90%	90%	78%

2007					YTD
Inpatient Census	22	21	21	21	85
Inpatient Beds	20	20	20	20	80
Percent Capacity	110%	105%	105%	105%	106%

Residential Beds	9	9	10	9	37
Inpatient Beds	10	10	10	10	40
Percent Capacity	90%	90%	100%	90%	93%

Exhibit 4

Hospice and Palliative Care Center of Forsyth

Adverse Impact Calculation

		2005	2006	Average
A	Annual Number Patients on Waiting List	372	316	344
B	Average Length of Stay	12	12	12
C	Potential Day of Care for Waiting List (Row A*Row B)	4,464	3,792	4,128
D	Average Charge Per Inpatient Day (room+board + ancillary)			$ 4,000
E	Average Charge Per Hospice Inpatient Day			$ 600
F	Difference			$ 3,400
G	Excess Cost in Absence of Hospice Beds			$ 14,035,200
H	Number of Patients by Medically Underserved Group			
	Medicaid		6%	21
	Medicare		78%	268
	Indigent/Self-Pay		4%	14
	Commercial		12%	41
				344

Source: Average Charge per Inpatient day based on recent Forsyth County CON applications
G-7691-06 Kernersville Hospital, Forsyth Medical Center/Novant
G-7604-06 North Carolina Baptist Hospital Tower

Asheville PH
July 13, 2007

PETITION TO THE STATE HEALTH COORDINATING COUNCIL TO ADJUST THE 2008 STATE MEDICAL FACILITIES PLAN'S NEED DETERMINATION FOR HOSPICE INPATIENT BEDS FOR FORSYTH COUNTY

Hospice Inpath Beds + 10 addition hospice res

2008 DRAFT SMFP PUBLIC HEARING PRESENTATION

Good afternoon. My name is JoAnn Davis, President of the Hospice & Palliative Care Center (hereafter HPCC). We are a comprehensive center that provides support, guidance, palliative and hospice care to patients and their loved ones on every step of the path from serious illness to end of life care. One of the most rewarding aspects of our work is that we provide services to the entire family. HPCC, founded in 1979, was the first hospice in North Carolina. Since then, HPCC has grown to four offices located in Winston-Salem, Mocksville, Walnut Cove, and Salisbury to serve patients and their families from 13 counties.

I am here today to petition the State Health Coordinating Council (SHCC) to adjust the 2008 State Medical Facilities Plan to allow for a regional adjustment for ten (10) additional hospice inpatient beds and ten (10) additional hospice residential beds in Forsyth County. We will provide our complete petition by the August 1, 2007 deadline but I have traveled here today to provide you with an overview of the rationale for our petition.

HPCC is currently licensed for twenty (20) hospice inpatient beds at its Kate B. Reynolds Hospice Home and ten (10) hospice residential beds. All thirty (30) beds are built to the hospice inpatient standards and are located facilities that are physically connected.

As we will detail in our petition, HPCC has a full complement of medical directors and other clinical staff and we serve as a training site for residents from Wake Forest University School of Medicine. In most cases, the only element that prevents us from providing hospice care to more than twenty inpatients and ten residential hospice patients at our facility at any given time is the actual license for beds.

I want to take a moment to note that we support the state need methodology for hospice inpatient beds across the state. However, the situation in Forsyth County poses a unique challenge because the demand for hospice has pushed the existing facility beyond capacity. The central underlying reason that the state methodology does not recognize the need soon enough for Forsyth County is the fact that HPCC in Forsyth County serves patients from a metropolitan service area that includes patients from many of the outlying counties. The SHCC methodology recognizes each of the 100 counties as a separate service area. In practice, HPCC in Forsyth County serves a 13 county service area and 29% of our hospice inpatient and 22% of our hospice residential patients' homes are outside of Forsyth County. **In most cases, the patients who come from outside the county prefer to be served by HPCC because of the expanded services, and because they have sought specialty care at the medical centers in Forsyth County. In addition the medical services staff at HPCC is board certified in Hospice and Palliative Care, and therefore the best Hospice has to offer.**

As the volume of demand for hospice at HPCC continues to grow, we find ourselves increasingly operating above capacity. When all of the current hospice inpatient and hospice

NOTE: These are our public hearing presentation summary remarks. The detailed petition will be submitted at the August 1, 2007 hearing in Raleigh.

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residential beds are full, HPCC finds itself in the unpleasant position of reducing or restricting access. As a result, we are concerned that without the additional requested beds, we will not be able to continue to offer potential patients the most cost-efficient setting for end of life care.

The HPCC in Forsyth County has developed two alternative scenarios to support the additional need for hospice inpatient beds, which will be presented in the petition.

- The first scenario adjusts the 2012 SMFP need for each of the counties where HPCC has historically drawn patients by applying the percentage of patient origin for those counties to the 2008 Draft SMFP need determination. This adjustment results in the need for 27 hospice inpatient beds.

- The second scenario converts the historical number of patients on the waiting list that were never admitted to HPCC in Forsyth County to days of care using the historical average length of stay. When this methodology was averaged over the past two years, the adjustment results in the need for 31 hospice inpatient beds.

While Hospice residential does not have an official SMFP need methodology, we have found in our experience that in order to provide a full continuum of Hospice options it is necessary to have a near 2:1 ratio of hospice inpatient:hospice residential beds. Medicare's respite benefit requires that care be provided in a licensed bed.

I would like to highlight just a few of the many elements that will support our request in the written petition in the **context of access, then quality and finally cost efficiency:**

Access:

- In 2006, at least ***269 patients died while waiting for a bed*** at HPCC in Forsyth County.
- The ***occupancy rate of hospice inpatient beds was 106 %*** in the first four months of 2007 and ***104%*** in 2006. In two of the last five months, the occupancy rate has been ***110%***.
- The occupancy rate of hospice residential beds was ***93%*** in the first four months of 2007. In one of the past five months, the occupancy rate was 100%.
- The occupancy rates greater than 100% underscore a critical strain on the capacity of hospice beds. The days in excess of 100% are only possible because ***multiple patients have died in the same room on the same day***. This is a quality indicator of a missed opportunity to offer a patient and their family more time in hospice. There were 367 days in 2006 and 156 days year to date in 2007 (through May) when more than one patient used the same bed on the same day.
- We serve a growing number of pediatric patients. The ***pediatric daily census has nearly doubled*** year to date 2007 over 2006.
- The ***vast majority of HPCC patients are from medically underserved populations.*** Medicare patients make up 78% and Medicaid 6% of the payer mix. Indigent and self-pay consists of an additional 4% of patients.
- The State methodology does not consider the ***growing undocumented alien population***. Forsyth County has one of the fastest growing populations of undocumented alien residents in the State of North Carolina.

NOTE: These are our public hearing presentation summary remarks. The detailed petition will be submitted at the August 1, 2007 hearing in Raleigh.

- As other providers in Forsyth County face capacity constraints, the demand for hospice is directly impacted. ***Both hospitals in Forsyth County are operating near capacity and there is a 198 bed deficit of nursing home beds in Forsyth County.***
- The ***population over 65 in Forsyth County is expected to grow 12%*** in the next five years.[1]

During periods where the hospice inpatient beds are full and hospice residential patients who require hospice inpatient care cannot be transferred, a subsequent access challenge is created for incoming hospice home care patients. ***Patients that are already in our hospice home care service who are in crisis (their condition reaches a point where they cannot safely be cared for in the home setting) can be denied admission to hospice inpatient when the beds are full.*** This can result in the patient's admission to an acute care hospital or nursing home even though they could have been treated in a hospice inpatient unit had a bed been available.

Quality:

In addition to the improved atmosphere and quality of life for patients during the end of life phase, a recent retrospective analysis just published in the Journal of Pain and Symptom Management found that ***mean survival was 29 days longer for hospice patients*** than for nonhospice patients.

The HPCC staffs both its hospice inpatient and hospice residential beds with a 24 hour multidisciplinary team. A physician is available on-call to respond to the needs of patients and engage in joint planning with the primary care physician. Since these staff are already in place, we can offer hospice inpatient services to all 30 beds if we were licensed for 30 hospice inpatient beds. Only a moderate amount of incremental operational clinical staff would be required to increase from 10 to 20 hospice residential beds. ***Without the additional beds, our services are capped at 30 total beds and other potential patients will have to be denied access in the future, not because we don't have the clinical competency and staffing in place but solely because of a licensing restriction.***

Cost efficiency:

Studies of hospice care in the clinical literature are increasingly recognizing hospice is a more cost-effective setting than an inpatient hospital for end of life care. In a recent retrospective review of patients who expired with ovarian cancer, ***the cost of care was much lower in the hospice group at $15,164 per patient as compared to $59,319 per patient in the non hospice group***.(1)

At HPCC the reimbursement from Medicare and private payers is $600 per day for hospice inpatient and $125 for hospice residential patients. These costs can be several thousand dollars lower than the costs patients might incur if they remained in inpatient acute care or a nursing home. The last few days of care for patients that die in an inpatient hospital or a nursing home are widely acknowledged to be the most costly days of the patients' admission.

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[1] Population Projection by Age Group Tables, North Carolina State Demographer, www.demog.state.nc.us, accessed June 19, 2007, 2012 estimate of 47,292, 2007 estimate of 42,244.

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Finally, 10 of the incremental inpatient beds can be immediately put in service in the existing physical plant. The ten requested residential beds will be added to our existing 10 residential bed complement in order to construct a new 20 bed residential unit. In our experience, it is not cost efficient to undertake a new project for less than 20 beds. In addition, we expect to raise the majority of the capital funds through a capital campaign which will introduce the residential beds in n extremely cost-efficient manner.

Adverse Effects on the Population If the Adjustment is Not Made

Without the requested additional hospice inpatient and hospice residential beds, patients who are at the end of life who have made the hard choice of moving into hospice may continue to be placed on a waiting list, or worse, denied access to HPCC.

Patients that are without any other support system to experience death with dignity in the home will not be afforded the opportunity at HPCC. Patients that are economically disadvantaged that cannot afford alternative settings to HPCC may be forced to seek care in a hospital or nursing home and incur costs that far outweigh the patient's resources.

The costs to the community for the patients that remain on the waiting list will continue to fester and grow higher than they would if the patients could be granted immediate access to the lower cost hospice setting. In addition, the operating costs will continue to escalate and cost inefficiencies will continue for HPCC as we attempt to manage patients in multiple settings (including the hospital based units) and we have to staff overtime to meet the demands of operating a unit at more than 100% capacity.

Finally, HPCC staff will be increasingly challenged to perform the continuous quality improvement efforts when we face sustained capacity overload in the patient care arena.

No Feasible Alternatives

HPCC considered several alternatives including: 1) status quo, 2) referring patients to hospice programs in the service area and 3) this petition.

The Status Quo is not acceptable to HPCC because access will continue to be denied to patients and their providers who are reaching out for our services at the time of greatest need for the patient. The Status Quo means as many as 316 patients may be left on the waiting list again this year and perhaps more in the future.

Referring patients to counties other than Forsyth, even when the patient is not from Forsyth is not practical. Most of the patients that we receive from other counties have been referred to HPCC because of our expanded services, expertise, and excellent care. They have already come to Winston-Salem for treatment at one of the referral medical centers. When the patient makes the choice for Hospice, they often want to remain in care that is delivered in collaboration with their specialist who is usually based in Winston-Salem.

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This petition is the only alternative that will allow HPCC to meet the current and future demand for high quality Hospice & Palliative Care services in a cost-effective manner.

The Requested Adjustment Will Not Unnecessarily Duplicate Health Services

HPCC is the only regional hospice program in the area and the oldest hospice program in North Carolina. Other local hospice programs in our service area can continue to meet the needs of their populations and will remain well utilized even if we are granted the opportunity for additional hospice inpatient and hospice residential beds.

HPCC is the only hospice program in the State and one of the few in the United States that enjoys the complete support of both area regional referral centers and both are in support of this petition.

Conclusion

For all the foregoing reasons, we strongly encourage the SHCC to consider carefully the petition presented by HPCC and determine there is a need for ten (10) additional hospice inpatient beds and ten (10) additional hospice residential beds in Forsyth County.

Thank you for your time and attention and I would be happy to answer any questions or provide additional information on any of my remarks.

JoAnn Davis
President

101 Hospice Lane
Winston-Salem, NC 27103
Telephone: (336) 768-3972

Exhibits:

1. Letters of Support
2. Adjusted Need Scenario Projections
3. Historical Occupancy Rate 2006 & Year to Date 2007

Reference List

(1) Lewin SN, Buttin BM, Powell MA, Gibb RK, Rader JS, Mutch DG et al. Resource utilization for ovarian cancer patients at the end of life: how much is too much? Gynecol Oncol. 2005;99:261-66.

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Hospice
Charlotte PH
7-25-07

PETITION TO THE STATE HEALTH COORDINATING COUNCIL TO ADJUST THE 2008 STATE MEDICAL FACILITIES PLAN'S NEED DETERMINATION FOR HOSPICE INPATIENT BEDS FOR FORSYTH COUNTY

2008 DRAFT SMFP PUBLIC HEARING PRESENTATION

Good afternoon. My name is JoAnn Davis, President of the Hospice & Palliative Care Center (hereafter HPCC). We are a comprehensive center that provides support, guidance, palliative and hospice care to patients. HPCC, founded in 1979, was the first hospice in North Carolina. Since our beginning, our philosophy has been that when Hospice care is appropriate and desired by the patient and family, it is the most cost-efficient setting for end of life care.

I am here today to petition the State Health Coordinating Council (SHCC) to adjust the 2008 State Medical Facilities Plan to allow for a regional adjustment for ten (10) additional hospice inpatient beds and ten (10) additional hospice residential beds in Forsyth County. In our petition we will provide the methodology used to project the need for the requested beds.

HPCC is currently licensed for twenty (20) hospice inpatient beds at its Kate B. Reynolds Hospice Home and ten (10) hospice residential beds. All thirty (30) beds are built to the hospice inpatient standards and are located facilities that are physically connected. **We are the only provider of hospice care in Forsyth County and our board consists of leaders from both major health systems who are in full support of this petition.**

We support the state need methodology for hospice inpatient beds across the state. However, the situation in Forsyth County poses a unique challenge because the demand for hospice has pushed the existing facility beyond capacity. The central underlying reason that the state methodology does not recognize the need soon enough for Forsyth County is the fact that HPCC in Forsyth County serves patients from a metropolitan service area that includes patients from many of the outlying counties. **In most cases, the patients who come from outside the county choose to stay in Forsyth County so they can remain under the care of specialists that live and work in Forsyth County.**

I would like to highlight just a few of the many elements that will support our request in the written petition:

Access:

- In 2006, at least ***269 patients who were candidates for hospice died while waiting for a bed*** at HPCC in Forsyth County.
- The ***occupancy rate of hospice inpatient beds was 106 %*** in the first four months of 2007 and ***104%*** in 2006. In two of the last five months, the occupancy rate has been ***110%***.
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- The occupancy rate of hospice residential beds was ***93%*** in the first four months of 2007. In one of the past five months, the occupancy rate was 100%.
- We serve a growing number of pediatric patients. The ***pediatric daily census has nearly doubled*** year to date 2007 over 2006.
- The ***vast majority of HPCC patients are from medically underserved populations.*** *Medicare patients make up 78% and Medicaid 6% of the payer mix. Indigent and self-pay consists of an additional 4% of patients.*
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- As other providers in Forsyth County face capacity constraints, the demand for hospice is directly impacted. ***Both hospitals in Forsyth County are operating near capacity and there is a 198 bed deficit of nursing home beds in Forsyth County***.
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- The HPCC staffs both its hospice inpatient and hospice residential beds with a 24 hour multidisciplinary team. Without the additional beds, our services are capped at 30 total beds and other potential patients will have to be denied access in the future, not because we don't have the clinical competency and staffing in place but solely because of a licensing restriction.

Cost efficiency:

- Studies of hospice care in the clinical literature what many of us have known since the beginning of the hospice movement - hospice is a more cost-effective setting than an inpatient hospital for end of life care. In a recent retrospective study, ***the cost of care was much lower in the hospice group at $15,164 per patient as compared to $59,319 per patient in the non hospice group***.(1)
- ***At HPCC the reimbursement from Medicare and private payers is $600 per day for hospice inpatient and $125 for hospice residential patients. These costs can be several thousand***

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dollars lower than the costs patients might incur if they remained in inpatient acute care or a nursing home.

- We expect to raise the majority of the capital funds through a capital campaign which will introduce the residential beds in an extremely cost-efficient manner.
- Finally, 10 of the incremental inpatient beds can be immediately put in service in the existing physical plant. The ten requested residential beds will be added to our existing 10 residential bed complement in order to construct a new 20 bed residential unit. **In our experience, it is not cost efficient to undertake a new project for less than 20 beds.**

Adverse Effects on the Population If the Adjustment is Not Made

- Without the requested additional hospice inpatient and hospice residential beds, patients who are at the end of life who have made the hard choice of moving into hospice may continue to be placed on a waiting list, or worse, denied access to HPCC.

- The costs to the community for the patients that remain on the waiting list will continue to grow higher than they would if the patients could be granted immediate access to the lower cost hospice setting.

- Finally, HPCC staff will be increasingly challenged to perform the continuous quality improvement efforts when we face sustained capacity overload in the patient care arena.

No Feasible Alternatives

- The Status Quo means as many as 316 patients may be left on the waiting list again this year and perhaps more in the future.

- Referring patients to counties other than Forsyth, even when the patient is not from Forsyth is not practical. Most of the patients that we receive from other counties have been referred to HPCC because they have already come to Winston-Salem for treatment at one of the referral medical centers. When the patient makes the choice for Hospice, they often want to remain in care that is delivered in collaboration with their specialist who is based in Winston-Salem.

The Requested Adjustment Will Not Unnecessarily Duplicate Health Services

- As we noted in the opening, HPCC is the only hospice program in the State and one of the few in the United States that enjoys the complete support of both area regional referral centers and both are in support of this petition.

- We support the additional hospice beds in our service area that are under development as they will help answer growing community need however, the approved beds will not address the needs of patients who seek our services to remain under the care of specialists based in Winston-Salem.

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Conclusion

For all the foregoing reasons, we strongly encourage the SHCC to consider carefully the petition presented by HPCC and determine there is a need for ten (10) additional hospice inpatient beds and ten (10) additional hospice residential beds in Forsyth County.

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Hospice & Palliative Care Center Petition to the State Health Coordinating Council to adjust the 2008 State Medical Facilities Plan Need Determination for Hospice Beds for Forsyth County

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Medical Facilities Planning Section

2008 DRAFT SMFP Public Hearing Presentation
August 1, 2007

Good afternoon. My name is JoAnn Davis, President of the Hospice & Palliative Care Center (hereafter HPCC). We are a comprehensive center that provides support, guidance, palliative and hospice care to patients. HPCC, founded in 1979, was the first hospice in North Carolina. Since our beginning, our philosophy has been that when Hospice care is appropriate and desired by the patient and family, it is the most cost-efficient setting for end of life care.

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- The occupancy rate of hospice residential beds was ***93%*** in the first four months of 2007. In one of the past five months, the occupancy rate was 100%.
- We serve a growing number of pediatric patients. The ***pediatric daily census has nearly doubled*** year to date 2007 over 2006.
- The ***vast majority of HPCC patients are from medically underserved populations.*** *Medicare patients make up 78% and Medicaid 6% of the payer mix Indigent and self pay consists of an additional 4% of patients.*
- The State methodology does not consider the ***growing undocumented immigrant population***. Forsyth County has one of the fastest growing populations of undocumented immigrant residents in the State of North Carolina.
- As other providers in Forsyth County face capacity constraints, the demand for hospice is directly impacted. ***Both hospitals in Forsyth County are operating near capacity and there is a 198 bed deficit of nursing home beds in Forsyth County***.
- During periods where the hospice inpatient beds are full, patients that are already in our hospice home care service who are in crisis *(their condition reaches a point where they cannot safely be cared for in the home setting)* can be denied admission to hospice inpatient when the beds are full. This can result in the patient's admission to an acute care hospital or nursing home even though they could have been treated in a hospice inpatient unit had a bed been available.

Quality:

- HPCC offers a ***full speetrum of end-of-life services and advanced levels of clinical staffing*** that patients and their providers expect after transfer from our area's medical facilities with a regional focus.
- Hospice is not only a more pleasant setting for end of life services, but it may also extend quality of life. A recent study just published in the Journal of Pain and Symptom Management found that ***mean survival was 29 days longer for hospice patients*** than for nonhospice patients.
- Without the additional beds, our services are capped at 30 total beds and other potential patients will have to be denied access in the future, not because we don't have the clinical competency and staffing in place but solely because of a licensing restriction.

Cost efficiency:

- ***At HPCC the charge to Medicare and private payers is $600 per day for hospice inpatient and $140 for hospice residential patients. These charges can be several thousand dollars lower than the costs patients might incur if they remained in inpatient acute care or a nursing home***.

NOTE. These are our public hearing presentation summary remarks. The detailed petition will be submitted by the August 3, 2007 deadline.

- ***The proposed beds will allow us to help save at least $14 million annually in medical costs in our own service area***[1] if patients that are already on our waiting list and appropriate hospice candidates can be seen by HPCC rather in a hospital setting.
- The ten (10) of the incremental inpatient beds can be immediately put in service in the existing physical plant with ***no capital cost*** to the health care system.
- The ten requested residential beds will be added to our existing ten (10) residential bed complement in order to construct a new 20 bed residential unit. We expect to raise the capital funds through a ***capital campaign which will introduce the residential beds in an extremely cost-efficient manner***. In our experience, it is not cost efficient to undertake a new project for less than 20 beds.

Adverse Effects on the Population If the Adjustment is Not Made

- Without the requested additional hospice inpatient and hospice residential beds, patients who are at the end of life who have made the hard choice of moving into hospice may continue to be placed on a waiting list, or worse, denied access to HPCC.

- The costs to the community for the patients that remain on the waiting list will continue to be $14 million or higher than they would if the patients could be granted immediate access to the lower cost hospice setting.

- HPCC staff will be increasingly challenged to perform the continuous quality improvement efforts when we face sustained capacity overload in the patient care arena.

No Feasible Alternatives

- The Status Quo means at least 316 patients may be left on the waiting list again this year and perhaps more in the future.

- Referring patients to counties other than Forsyth, even when the patient is not from Forsyth is not practical. Most of the patients that we receive from other counties have been referred to HPCC because they have already come to Winston-Salem for treatment at one of the referral medical centers. When the patient makes the choice for Hospice, they often want to remain in care that is delivered in collaboration with their specialist who is based in Winston-Salem.

The Requested Adjustment Will Not Unnecessarily Duplicate Health Services

- As we noted in the opening, HPCC is the only hospice program in the State and one of the few in the United States that enjoys the complete support of both area regional referral centers and both are in support of this petition.

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[1] Calculation methodology provided in the formal petition

NOTE: These are our public hearing presentation summary remarks. The detailed petition will be submitted by the August 3, 2007 deadline.

- We support the additional hospice beds in our service area that are under development as they will help answer growing community need however, the approved beds will not address the needs of patients who seek our services to remain under the care of specialists based in Winston-Salem.

Conclusion

For all the foregoing reasons, we strongly encourage the SHCC to consider carefully the petition presented by HPCC and determine there is a need for ten (10) additional hospice inpatient beds and ten (10) additional hospice residential beds in Forsyth County.

Thank you for your time and attention and I would be happy to answer any questions or provide additional information on any of my remarks.

JoAnn Davis
President

101 Hospice Lane
Winston-Salem, NC 27103
Telephone: (336) 768-3972

NOTE. These are our public hearing presentation summary remarks. The detailed petition will be submitted by the August 3, 2007 deadline.

Executive Summary

Petition: Adjustment for ten (10) additional hospice inpatient beds and ten (10) additional hospice residential beds in Forsyth County

Current bed complement:	**Needed bed complement:**
20 Hospice IP Beds	30 Hospice IP Beds
10 Hospice Residential Beds	20 Hospice Residential Beds

Need Methodology:
Scenario 1: Patient Origin*SMFP need by county=25 Hospice IP Beds
Scenario 2: Number Patients Denied Access*ALOS=31 Hospice IP Beds
Residential: 1.5:1 ratio of Hospice IP:Residential–20 Hospice Residential Beds

Rationale:	
Access	• In 2006, at least 269 patients who were candidates for the Kate B. Reynolds Hospice Home died while waiting for a bed • In 2006, on 367 days, more than one person died in a Hospice IP room • Hospice IP occupancy rate is currently 104-110% and residential is 93% • Both hospitals in Forsyth County are operating near capacity and there is a 198 bed deficit of nursing home beds in Forsyth County

Cost	• The proposed beds will save $14 million annually in medical costs
	• No cost to the health care system:
	  o The ten inpatient beds can be added at zero cost
	  o The residential beds will be funded by a capital campaign

Quality	• HPCC is staffed with a multidisciplinary team of full-time medical directors, residents, nursing and paramedical professionals • HPCC offers a full continuum of end-of-life services to patients and their families that is greatly valued by the specialists in Winston-Salem that continue to refer patients to HPCC • Hospice patients can have a longer lifespan than patients treated in a hospital setting

Adverse effects to service area if not approved:

- At least $14 million in medical costs will be incurred annually as patients are admitted to hospitals rather than hospice inpatient beds
- 268 Medicare, 21 Medicaid, 14 Indigent/Self-Pay and 41 Commercial (344 total) patients annually will not have access to hospice services each year

Not Duplicative:

- HPCC asks for these beds in order to maintain the level of service *presently demanded* by residents and physicians of Forsyth and contiguous counties.
- HPCC will continue to complement rather than compete with the services available in the counties contiguous to Forsyth

NOTE: These are our public hearing presentation summary remarks. The detailed petition will be submitted by the August 3, 2007 deadline.

Hospice & Palliative
CARECENTER

101 Hospice Lane • Winston-Salem, NC 27103 • ph: 336.768.3972 • fax: 336.650.0461

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SEP 04 2007

Medical Facilities
Planning Section

September 4, 2007

Mr. Floyd Cogley, Planner
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

RE: **Additional Support and Information for**
Hospice & Palliative Care Center Petition to adjust the 2008 State Medical Facilities Plan Need Determination for Hospice Beds in Forsyth County

Dear Mr. Cogley,

I am pleased to pass on several letters of support for our petition from other area hospice programs. These letters demonstrate that our colleagues in other hospice programs understand the nature of our regional mission and support our efforts to continue to serve the patients who seek our services.

We are very excited about the opportunity to extend access by providing additional beds and service to our community. Our donors have expressed a great interest in this project and we are gearing up for a capital campaign that will provide the funds for the additional residential space.

In addition, after further discussion of our petition with you, members of the committee and other area hospice programs, I would like to provide some clarifying information. Note that this information is not intended to replace or amend our original petition; rather this information is intended to clarify what we have previously submitted:

1. The patient origin by county of the 269 people on the waiting list is provided in Exhibit 1 to this memorandum. The distribution across counties is very similar to the patient origin we provided in Exhibit 1 of the Petition.
2. Of the 70 Davidson County residents that our KBR Hospice Home served in 2006, only 7 were Hospice of Davidson County contracted patients. The rest were either our home care patients or direct admits into our program from the hospital. We certainly expect the contracted days to shift back to the new Davidson facility, once it is completed, however we do not expect those days to have a significant impact on our waiting list.

3. It has come to our attention that the historical service share of Surry and Davidson was incorrectly quoted as 12.4% and 17.4% respectively on the petition. The correct historic service share based on information in the 2008 SMFP is as quoted in Exhibit 1 of 1.9% and 21.6% respectively.

Thank you in advance for accepting these materials and forwarding to the members of the Long-Term Care and Behavioral Health Committee. Members of my senior leadership team will be at the September 14th meeting and prepared to comment on any questions that may arise.

Please do not hesitate to contact me for additional information. I look forward to the opportunity to support this petition further during the review process.

Sincerely,

JoAnn Davis
President & CEO

Enclosures:
Exhibits
Letters of Support

2006 KBR waitlist

269 total died on KBR waitlist

Forsyth	174	65.0%
Davie	13	4.8%
Davidson	18	6.7%
Stokes	14	5.2%
Surry	11	4.1%
Yadkin	9	3.3%
Rowan	2	0.7%
Guilford	8	3.0%
Wilkes	6	2.2%
Other	10	3.7%
VA	4	1.5%

2006 daily average on waitlist 6.31

2007 KBR Waitlist
Jan- July

Total YTD 111

Forsyth	70	63.1%
Davie	9	8.1%
Davidson	11	9.9%
Stokes	7	6.3%
Surry	2	1.8%
Yadkin	1	0.9%
Rowan	1	0.9%
Guilford	6	5.4%
Wilkes	2	1.8%
Other	2	1.8%
VA	0	0.0%

YTD daily average on waitlist-7.1

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Advanced Care Planning • Internship Site for Nursing & Social Work Students

August 28, 2007

Mr. Floyd Cogley, Planner
Medical Facilities Planning Section
Division of Facility Services

Mr. Cogley:

We acknowledge that the Kate B. Reynolds Hospice Home in Winston-Salem has been instrumental in helping maximize the care (while minimizing health care costs) to terminal patients in and around Forsyth County. We have worked together for many years in providing the best possible care for patients and families regardless of physical location. The additional beds in Forsyth County will only add value to the service of all.

We support Hospice and Palliative CareCenter in their Special Needs Petition for additional beds at the Kate B. Reynolds Hospice Home.

Sincerely,

Rhonda L. Burch
CEO/President

cc: JoAnn Davis, President & CEO
Hospice & Palliative CareCenter

HOSPICE
of the PIEDMONT
the comfort of experience

August 27, 2007

Floyd Cogley
Medical Facilities Planner
Division of Facility Services

Dear Mr. Cogley,

We have worked in a collaborative relationship with the other hospices in the Triad including Hospice and Palliative Care Center in Winston-Salem (HPCC) for a number of years in order to best serve the end of life care needs of our citizens. We appreciate their assistance in helping us develop our facility in High Point.

We understand that HPCC is requesting a special petition to create 10 additional general inpatient beds at the Kate B. Reynolds Home due to the number of patients on their waiting list who could not otherwise be served. While we are not in a position to comment on this specific need, we are not opposed to their request.

Sincerely,

Leslie Kalinowski

Leslie Kalinowski
CEO/president

1801 Westchester Drive • High Point, NC 27262 - 7009 • Fax 336.889.3450 • Phone 336.889.8440
www.hospice-careconnection.org

Hospice & Palliative
CARECENTER

1-A Hospice Lane • Winston-Salem, NC 27103 • ph. 336 768 3072 • fax 336 659-0461

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SEP 04 2007

Medical Facilities
Planning Section

September 4, 2007

Mr. Floyd Cogley, Planner
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

Dear Floyd,

The following is a letter that we sent to members of the Long Term Care Committee:

I am writing to make an additional appeal for your careful consideration of the petition by Hospice & Palliative Care Center in Forsyth County (HPCC) to add 10 Hospice inpatient beds to the 2008 SMFP and allow the development of 10 additional residential beds. As you review our detailed petition, we ask for your continued focus on the following themes:

1. HPCC has the opportunity to expand access to hospice services in our service area at zero additional cost to the health care system. Our 10 residential beds can be converted to inpatient and we will build a new residential facility with funds from a capital campaign. As the oldest hospice in the state, our donor base is significant. Staffing is already in place for the inpatient beds and the residential will require only incremental staffing.

2. HPCC operates as a regional provider so need and demand in the county based methodology lags actual demand for our services. The 10 additional beds we ask for are justified by the unmet demand on our own waiting list. These are patients that have selected Hospice & Palliative Care Center as their provider and have been turned away solely because of a lack of licensed capacity. It is important to note that we serve an urban and a rural base. Three of our most significant rural counties, Davie, Stokes and Yadkin will not show a need for 6 beds for 10-28 years yet there is clearly a need for these counties which goes unmet as long as there is a need of 3, 4, and 2 beds respectively. This special need determination will allow for these counties to have additional capacity open to them until their need reaches the 6-bed threshold.

3. HPCC has obtained support from hospice programs in the contiguous counties and does not expect any opposition to this project. We will be submitting letters of support via Floyd Cogley's office from programs in the contiguous counties. Just as we have supported recent applications, the other providers understand our need is to serve our patient base and is not a duplication of existing capacity.

4. If there is even one patient who gets "waitlisted" for a hospice bed and ends up in a more expensive setting, then the health care system has failed. In the early days of Hospice, the burden was on hospice to show cost effectiveness and quality. Nearly 30 years later, there are numerous articles that document the cost effectiveness and quality of the hospice setting. As we documented in our petition, our existing unmet need is resulting in several million dollars of unnecessary costs associated with an acute care facility or long-term care settings for end of life.
At HPCC, we are uniquely poised with the existing demand for services, "know how" and clinical bench strength to expand at no cost to the health care system. The only thing that is hampering our mission to serve additional patients is the licensing restriction. The petition's approval will clear the way for us to pursue a CON and develop additional capacity.

Thank you in advance for your careful consideration of these underlying themes in our petition. The need for our petition is very real, the costs are non-existent and the opportunity to improve access to high quality end of life care is before us. While we support the need methodology, our regional nature compels us to pursue this petition with great interest.

Members of our senior leadership team will be in the audience of the September 14th meeting and we look forward to the opportunity to add any additional information or clarification if you call on us. Please do not hesitate to contact me in advance of the meeting for additional information. We look forward to the opportunity to continue to serve our communities and the patients and families who rely on us.

Sincerely,

Lisa Holleman

Lisa H. Holleman
Sr. Vice President, Strategic Development
Hospice & Palliative CareCenter

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SEP 05 2007
Medical Facilities
Planning Section

September 4, 2007

Mr. Floyd Cogley, Planner
Medical Facilities Planning Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Mr. Cogley:

Mountain Valley Hospice and Palliative Care acknowledges that the Kate B. Reynolds Hospice Home in Winston-Salem has been instrumental in meeting the needs of terminally patients in and around Forsyth County, however we oppose the approval of the special needs petition for more beds at this time.

Our opposition is based upon the impact expected once our hospice home facility in Surry County is completed in 2008 and those being constructed in surrounding counties. In addition, the 2008 State Medical Facilities Plan has determined there is no need for additional hospice inpatient beds in Forsyth County.

Currently, patients from counties adjacent to Forsyth County use the Kate B. Reynolds Hospice Home, however once the new facilities are constructed patients will have the option of using several facilities capable of meeting the needs of hospice facility care. Adding additional beds now will not add value but will risk the creation of occupancy issues.

Once the facilities currently under construction begin to serve patients, the need for additional beds should be re-evaluated to ensure the needs in our communities are being met.

In summary, Mountain Valley Hospice and Palliative Care opposes Hospice and Palliative Care's special needs petition for 10 inpatient and 10 residential beds at the Kate B. Reynolds Hospice Home.

Respectfully Submitted,

Denise Watson, RN, BSN

Denise Watson, RN, BSN
Executive Director
Mountain Valley Hospice and Palliative Care